

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / "J" CODE ATTACHMENT (PA/JCA)**

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.

**Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/"J" Code Attachment (PA/JCA) Completion Instructions (HCF 11034A).

**SECTION I — RECIPIENT INFORMATION**

1. Name — Recipient (Last, First, Middle Initial)

2. Date of Birth — Recipient

3. Recipient Medicaid Identification Number

**SECTION II — DRUG ORDER INFORMATION**

4. Drug Name

5. Strength

6. NDC

7. HCPCS "J" Code

8. Quantity ordered

9. Date order issued

10. Daily Dose

11. Name — Prescriber

12. DEA Number

13. "Brand Medically Necessary"

☐ Yes

☐ No

**SECTION III — CLINICAL INFORMATION**

14. Diagnosis

15. Changes to prior authorization

*Continued*

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**SECTION III — CLINICAL INFORMATION (Continued)**

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16. Use (check one)

- ☐ Compendium standards, such as the USP-DI or drug package insert, lists the intended use identified above as an accepted or as a [bracketed] indication.
- ☐ The intended use identified above is *not* listed in compendium standards. Peer reviewed clinical literature is attached.

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17. Dose (check one)

- ☐ The daily dose and duration are within compendium standards of general prescribing or dosing limits for the indicated use.
- ☐ The daily dose and duration are not within compendium standards of general prescribing or dosing limits for the intended use. Attach peer reviewed literature which indicates this dose is appropriate or document the medical necessity of this dosing difference.

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**SIGNATURE** — Prescriber

Date Signed

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Please notify me of approval / denial by:

- ☐ Fax (include Fax number) \_\_\_\_\_
- ☐ Telephone (include telephone number) \_\_\_\_\_
- ☐ No special notice needed.
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